## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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indicated unless corrected maintenance fee notification		erwise in Block 1, by (a					rate "FEE ADDRESS" for		
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.								
52196	7590 06/02	/2009							
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Attn: Noreen John 2600 Sofamor Da	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
MEMPHIS, TN 3		(Depositor's name)							
			(Signature)						
			(Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/769,569	10/769,569 01/30/2004		Roy Lim	MSDI-219/PC90		D1-219/PC902.00	8897		
TITLE OF INVENTION:	INSTRUMENTS AND	METHODS FOR MINI	MALLY INVASIVES	SPINAL STABILIZA	TION				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISS	JE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/02/2009		
EXAMINER AR		ART UNIT	CLASS-SUBCLASS	3					
RAMANA, ANURADHA		3775	606-061000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys						
Change of correspo Address form PTO/SB/	ndence address (or Cha /122) attached.	or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AN									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Warsaw Orthopedic, Inc. United States									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) as		any prev	viously paid issue fee	shown above)					
☑ Issue Fee			☐ A check is enclosed.						
No Publication Fee (No	of Copies	The Director is he	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 132546 (enclose an extra copy of this form).						
	-		overpayment, to I	Deposit Account Num	ber <u>13</u>	2546 (enclose a	n extra copy of this form).		
5. Change in Entity State  a. Applicant claims	us (from status indicate SMALL ENTITY state		☐ b. Applicant is no	o longer claiming SMA	ALL EN	TITY status. See 37 Cl	FR 1.27(g)(2).		
	Publication Fee (if req	uired) will not be accepte	ed from anyone other the Office.	nan the applicant; a re	gistered	attorney or agent; or th	ne assignee or other party in		
Authorized Signature	(Kan Att		Date 8/16/29						
Typed or printed name Warren M. Haines II Registration No. 40,632									
an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC 3-1450.	FR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR persons are required to re	y depending upon the chief Information COMPLETED FORM	is estimated to take 12 individual case. Any officer, U.S. Patent an IS TO THIS ADDRES	minutes commen d Trader SS. SEN	s to complete, including the son the amount of the same of the sam	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.		